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ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M. D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in the Southern Medical College.

CONVERSATION IV.

Mother—"Good morning, Doctor. I am glad you have called. I have just received a note from Mary, at her uncle's, and she is delighted with country life; she writes me that she is already feeling much better and stronger than when she left home, ten days ago."

Doctor—"Well, madam, I am glad to hear it, but am not surprised. If she follows directions she will continue to improve, and no doubt will return next fall in much better health."

Mother—"I really hope so. I will do all I can to bring it about, and as I will go out to see Mary two or three times during the summer, I will take any new directions from you, Doctor, and keep you informed of her condition."

Doctor—"Very well, madam, I will be glad to have you do so, and if any unfavorable change should occur in your daughter's case, I will myself go out to see her."

Mother—"I thank you, Doctor; you are so kind. I hope, however,

it will not be necessary to give you that trouble. You are not in a great hurry this morning, are you? Say 'no,' Doctor, and let us begin our conversation just where we left off at your last visit."

Doctor—"Well, madam, I can give you one hour this morning. But I don't believe you remember where we ended our last conversation. If you will count them, you will see that it has been precisely eight days since then."

Mother—"Yes, Doctor, I know it has been just one week, and your visit did not supprise me this morning. I was thinking of you when the bell rang, and felt certain it was you, because I did not forget your last words, as they made an impression on my mind, which I have attempted to use for the benefit of my own family, and by which I think we have all profited greatly. I am trying to teach my children the importance of being punctual to engagements of every character, and that to do this is also a mark of good breeding. You remember there was a European monarch I believe, who said 'punctuality is the politeness of kings,' and I am sure it ought then to be of lesser mortals like ourselves."

Doctor—"I am sorry to know that I am not noted for punctuality at all times, but I can say that when I have thus failed to meet my engagements, I would not give a false excuse by saying I was pressed with other business, or something to that effect, but promptly told the truth, and said I forgot the engagement. A false excuse or apology for failure in punctuality often makes matters worse, as some remedies do diseases."

Mother—"Yes, I have frequently heard apologies given that were worse than the offence itself."

Doctor—"When I was about twenty-one years of age, I was much impressed with the importance and obligation of always telling the plain, unvarnished truth, by a discourse I heard from the noted Bishop Pierce. In his complete definition of a falsehood, he showed that to be guilty of this evil, it was not necessary to use words that were false in themselves, but intentionally making a wrong impression, no matter what was the language used, was really a falsehood, and just as damaging to character, or a cause, as a plain-spoken untruth. His remarks upon this question made so deep an impression upon me, as you say in regard to my last words to you, I have not forgotten them."

Mother—"It is difficult to estimate what good results sometimes follow from words that the speaker, perhaps, thinks have been but little heeded by those present, and for this reason I think we ought always to be careful of what we say in the presence of children, and all young people, as their plastic minds receive the most lasting impressions. I can remember when I was a child of hearing incidentally remarks

made by older persons, the memory of which kept me often from committing wrong, or even coming in contact with it, after I grew towards womanhood. I am afraid we older people do not talk with as good effect in the presence of children now as they did when I was a child."

Doctor—"I don't think we do, madam. The truth is, in this pushing age, we have no time, it seems, for these good, old fashioned talks, that will instruct by making deep and lasting impressions. Every one is like I am this morning—in great haste to push on to something ahead; so we will get to business, by beginning where we left off at my last visit. Do you remember where that was?"

Mother—"Certainly I do, Doctor; we were speaking of lake or marsh water, which you said was entirely unfit for man or beast, and that you would give me your reasons for it when you called again."

Doctor—Yes, madam, such water is absolutely poisonous, because it is always impregnated with putrified vegetable and animal matter. As pure water is so essential to health, and can be obtained if the proper means are used, it is the imperative duty of every city and citizen to provide this great essential. It is now generally believed that impure water is one of the greatest causes of hog cholera."

Mother—"But, Doctor, how can we get pure drinking water in a city, especially where we have such a miserable, inefficient system of sewerage as in this place, and indeed in almost all of our southern cities? I asked this question at your last visit, but you did not have time to answer me."

Doctor—"Well, madam, the only available way I see at present is to have a properly constructed cistern on every house or lot, built so as to filtrate enough rain water for drinking purposes the year round. Where one has not the means to do this, and must use well or hydrant water, it can be purified to a great extent by boiling enough water every morning to last until the next, in a clean vessel into which nothing but water is ever put, then strain by dripping through a flannel bag. Put the water into bottles; cork tightly, and in the winter set in a cold place. In the summer put the bottles in a pail and keep enough ice around them to have the water pleasantly cold."

Mother (laughing)—"But, Doctor, how many, do you suppose, would be at that trouble to boil and filter the water? besides the poor could not afford the ice."

Doctor—"A good many could afford a little ice in the summer if they would do with less pork grease, and as to the trouble, it would not be near as great as to nurse perhaps several members of the family through an attack of typhoid fever, or malignant dysentery."

Mother—"No, I should think not. I am much obliged, Doctor, for this information about pure water, and, as I have said, we have been

compelled to use all these kinds I mentioned, and now I shall always believe that several cases of typhoid fever in our fami'y were caused by the water we drank."

Doctor—" I have no doubt of it, madam; in my opinion, impure water and unsound food are the most pregnant causes of that type of fever."

Mother—" Well, I am glad Mary is now getting pure spring water, clear as crystal as it runs out of a rock and falls into a rocky basin. I have been to the spring at her uncle's, and I know *that* water is pure and wholesome. As to good, sound food, I have always thought before this, that Mary got that at home."

Doctor—" I know she gets the best the city affords, but you can get no article of food in the ctty as pure and wholesome as you can procure it in the country. Perhaps you will be surprised to hear, my dear madam, that milk produces a greater amount of disease than almost any article of food."

Mother—" You indeed surprise me. I thought milk was one of the best and most nourishing articles of food, and is so generally used, I never would have thought it productive of any disease."

Doctor—" Your surprise is very natural, madam, as it is only within the last five years that the attention of the medical scientist has been much directed towards the investigation of this great source of disease. The proof, though, is now abundant and conclusive, that milk adulterated with impure water, in many places, and particularly in large American and European cities, has been the cause of typhoid fever, diphtheria, diarrhœa and dysentery. It is also now generally believed that a large proportion of the deaths which occur among infants from bowel affections, is owing to milk thus tainted, and by putting it into nursing bottles that are seldom properly cleaned and kept in a pure atmosphere. Milk also becomes a medium of disease by absorbing poison from the air; therefore it should be closely covered, and never be kept in badly ventilated store-rooms with an unpleasant odor about them, and it should never be put in vessels made of lead or zinc. I have known several families poisoned by milk standing in such vessels, and in an impure atmosphere. Prof. Tyndall now asserts that diseases are propagated from solid particles discharged into the atmosphere by currents of air or gas."

Mother—"But how are we to know this, Doctor, and how did the Professor arrive at that conclusion?"

Doctor—"By the following experiment: He cut up a piece of steak, steeped it in water, heated it at a little above the temperature of the blood, then strained off the liquid. In a short time this fluid became turbid, and when examined through the microscope was found to be

swarming with living organisms. By the application of greater heat, or by boiling, these organisms were killed, and when the solution was filtered he obtained a perfectly pure liquid, which, if kept free from particles of dust, would remain pure for an unlimited period; but he rejoined, that if a fly were to dip its leg in any fluid containing living organisms and then into a pure liquid, the whole of it would be swarming with animalcules in forty-eight hours."

Mother—"How wonderful! and is it not fortunate that people have a great repugnance to drinking anything into which one of these insects has fallen? Even one little fly may thus bring disease into a family."

Doctor—"Yes, and many of us, no doubt, drink milk, and broth, or soups into which the insect has not only fallen, but died there; but fortunately for our fastidiousness, and unfortunately for our health, we do not know it. Scarlatina has frequently prevailed in communities from drinking milk that had absorbed poison from the air. The truth of this mode of conveying disease is now so well established that in some sections of Europe the laws have instituted a regular scientific system for the inspection of even the cow-sheds, daries and everything pertaining to the milk that is used by the people. Unfortunately *our* people regard this as a small matter, especially in rapidly growing cities like Atlanta, where the parents cannot take time to eat themselves, much less to properly prepare the food and give it to their children in a manner and of a quality that will best conduce to their moral and physical development."

Mother—"You are rather hard on us of the far South, Doctor, but where were you raised, and where did you get your first start into the great physical proportions you have attained? Was it not in Virginia?"

Doctor—"My dear madam, you misapprehend me. I do not mean any reflection upon the people of your State, but simply to drop a good seed into the good soil I believe your mind to be, and indeed, I may say, the minds of women generally in Georgia, as I have found them, upon the whole, better educated than in almoet any State in the Union. You might have known from my avoirdupois and perfectly healthy appearance, that I was raised on a good bill of fare in Virginia, though there are a few similar specimens in your own State."

Mother—"I believe they do have most excellent food in Virginia, at least our Georgia soldiers who were quartered in that State spoke in the highest terms of its table hospitality, as well as its glorious patriotism. I believe, Doctor, that before we get through the subject of food, you will convince me that the proper selection and preparation of it accounts for Virginia being able to boast of having reared the

largest number of the finest looking men and women in America."

Doctor—(laughing,) "I hope so, madam, and then you will, no doubt, understand how these fine men and women can be produced anywhere else, especially in Georgia, the progressive State of the South. But, I am glad to know that your daughter will get a plenty of good, sound food at her uncle's in the country. She will have milk pure and fresh; bread made from the best of wheat and corn. just from a water mill, and chickens that have not been imprisoned in coops reeking with foul odors; besides fresh game, mutton, choice fruit, etc. You know how those nice, motherly country ladies can feed any one at their tables."

Mother—"Yes, indeed, I have been at them often, and to hear you speak of them makes me want to go again. I did not intend for this interview to be so long, Doctor, but I find that the subject of food is equally important with that of drink, and in some respects is to me more interesting. I would be glad if you would enlighten me a little more in regard to our articles of daily food, and the disorders or diseases produced by them when not properly selected and prepared."

Doctor—"Well, madam, as I have already made some statements upon this subject, I will finish up that of meats, since that is an article of food upon which much intelligent and careful discrimination should be used. The most constant meat used in the city is that procured from the butcher. There are conflicting opinions in regard to the effects produced by eating unsound and diseased meats of this class. Epicures, generally, prefer game and fowls, also beef and mutton, cooked when the meat is on the verge of decomposition."

Mother—"I have known English people to pick their fowls, hang them up, and wait until they were in that state before they were cooked. They said it made the meat more tender, and more easily digested."

Doctor—Yes, I have known many such instances, and as it is common for the shepherds and farmers of Scotland to eat stale mutton from choice, and with impunity, such practices have given rise to the opinion with some, that diseased or decomposed meats are not poisonous as might be expected, or is supposed to be; but all agree that it is the thorough cooking of such meats that prevents them from causing dangerous or fatal diseases. I am convinced though, and there is an abundant proof to sustain me, that no matter how thoroughly such meats are cooked, there is a great risk to health, and sometimes life, in eating them."

Mother—"It is a risk to which I would never subject myself or family."

Doctor—"I have known many cases of vomiting, diarrhea, and a

slow kind of fever produced by eating such food; also tape-worm, nettle rash, scurvey, and other diseases. These remarks will also apply to certain kinds of cured, or to bulk meat, and of which I have already spoken. All vegetable food that is unsound, or becoming mouldy, is also unwholesome; so is butter mixed with lard, vinegar made of sulphuric acid, pickles made green by adding sulphate of copper, and bread that is whitened by the use of alum, cake made light by the addition of ammonia, all of which food is bought and sold and eaten in our large towns and cities."

Mother—"What kind of bread, Doctor, do you think is the most wholesome, and very palatable besides?"

Doctor—"Well, madam, bread to be altogether wholesome, must first be made of meal or flour ground from perfectly sound corn or wheat, and where possible, fresh from a good water mill. Unbolted flour is more wholesome than the white, but if the latter is used it should be made into bread after one or the other of the following directions. If light bread is desired, purely vegetable, or the old fashioned milk and salt yeast should be used, and so fresh that no carbonate of soda, or other alkali will be needed to correct the acid. But, if plain bread or "biscuit" is wanted, let it be prepared as our old mothers and grandmothers used to have it, by making it with no ingredients but good flour, salt, a little sweet lard, or butter, mix with water or sweet milk, and after sufficient kneading, have the sponge, or "dough" as some call it, well beaten on a block, then roll it thin as desired, cut it into biscuit, and bake brown in a slow oven. Such bread, eaten cold or moderately warm with a little fresh butter, is not unwholesome, and is palatable enough for an epicure."

Mother—"Yes, I have eaten it often at my mother's table, and know it is delicious."

Doctor—"When one can afford it, and the corn bread is desired, to be very good as well as wholesome, it can be made with perfectly sweet "clabber," as it is generally called, with no whey in it, then add sufficient melted butter to give the crust some crispness, then beat in as many eggs as you choose, one or more, according to quantity of batter, pour into a hot, buttered baking pan and cook immediately in a hot oven until brown, and well steamed. Corn meal "lightbread" that all these nice old-fashioned housekeepers know how to make, is also very good, and is wholesome. Where families cannot afford this more palatable process of making corn bread, they had better prepare it in the plain southern plantation manner of big, generous 'pones,' baked thoroughly and dry, in an old fashioned oven, or the equally good plain 'hoe-cake' and 'ash-cake.' I am satisfied that salaratus, tartaric acid, alum, ammonia and all these deleterious ingredients, are

positively injurious, and finally destructive to health, and they are all employed to a great extent in the products of our bakeries, and also in private households."

Mother—"Judging from your remarks, the bread that most people eat in this country must have a great deal to do with the prevalence of ill health among them. This article of food is a very important one, is it not?"

Doctor—"There is none so much so, and it has been fitly called the staff of life. More bread is consumed than any other food; it is really the principal article of sustenance, and it is of vital importance to have it day by day of the best possible quality as regards the ingredients, the preparation of the bread and the manner of cooking it."

Mother—"I have observed that the almost universal manner in which white flour is prepared for bread, in both towns and the country, is what we call soda, or yeast powder biscuit."

Doctor—"Yes, and these soda biscuit are usually made yellow with the alkali, have a little rancid lard in them, are rolled, or made out two inches thick, and cooked about half done. Such bread, especially when eaten hot, and saturated with stale butter or some other grease, would demoralize the digestive organs of a mule, provided you could get the mule to eat it. No man, woman, or child can use this bread habitually without having the health destroyed sooner or later."

Mother—"But is not bread made of yeast powders wholesome?"

Doctor—"No, madam, even if you can get the article composed of pure materials, which you seldem, if ever, can do. Alkalies were intended by nature for mechanical, domestic, or medicinal purposes, and not as ingredients for regular food."

Mother—"All this indigestible food is an injury to the complexion as well as the health, is it not?"

Doctor—"Certainly, madam; so long as a person has perfect digestion the complexion in a majority of cases will be clear and bright, with color in the cheeks and lips; the mind will be cheerful and active, and the body able to undergo fatigue that it would not under an opposite condition of the stomach."

Mother—"If our ladies, especially young girls, knew these things, they surely would be more careful about eating improper food. All women seem to set more value upon a beautiful complexion and fine teeth than any other personal attractions. That is why they use so many cosmetics."

Doctor—"All of which are ruinous to the complexion, and also, in nearly every case, injurious to the eyes and the general health. If ladies would only learn it, they would find that perfect health and cleanliness give a far more beautiful complexion, and softer brightness

to the eyes than any art can do. Good health and wholesome food, with proper care of the teeth, will preserve them also in their natural beauty. Hot food and drinks are injurious to the teeth as well as the stomach. But, madam, my time is now out, and must leave this subject for the present, and bid you good morning.

[TO BE CONTINUED.]

GONORRHŒA.

BY A. F. DURHAM, M. D., OF GEORGIA.

Without going into an elaborate discussion or description of this seemingly familiar disease, I will just briefly state the symptoms that usually mark its ingress and progress in the acute form:

The subject on rising, generally from the fourth to the seventh morning after innoculation, if a male, will notice a slight itching at the mouth of the urethra, which will be found slightly glued together, an unusual redness, and on squeezing the glans the discharge of a very small quantity of a perfectly transparent or white opaque fluid, and on urinating, a little tingling or stinging sensation. If the disease is not arrested at this point, the above symptoms will be followed in a few hours by a decided burning on urinating, extending from half an inch to the whole length of the canal, with increased discharge, thickened, a decided yellow color, and, if the attack is very acute, merging into a greenish cast.

In the course of thirty-six or forty-eight hours at farthest, *the vexatious* and distressing symptom of cordee proclaims the stride of the disease, causing the patient not unfrequently, late at night especially, to utter not very pious ejaculations, exclamations, rash threats and harsh promises, the while invoking the embrace of Morpheus.

I will here, rather digressively, state that urethral chancre is sometimes mistaken for this disease, but a peculiar lancinating pain at a certain spot, continual but aggravated by pressure, at each discharge of urine will render the differential diagnosis pretty clear, and if unarrested the secondary symptoms of syphilis, as bubo, sore-throat and a characteristic cutaneous eruption will put all doubt at rest.

Treatment—Close observation, with an experience of thirty years, has convinced me that of all the thousand and one "boasted and infallible" remedies, there is but one specific treatment, and that is the abortive.

A solution of argenti nitratis 60 grains to the ounce (no less) will, —or has in my hands at least—invariably destroyed the specific character of the disease, leaving nothing but a simple inflamma-

tion to deal with. But this should be resorted to only in the incipiency, or when the disease has not extended above an inch up the urethra, and not left to an ignorant or untaught patient. If it is, it will likely prove unsatisfactory,—to say the least—if not dangerous. The proper way to apply it is, to secure the urethra about half an inch behind the diseased portion with the thumb and index finger of one hand, while the syringe is carefully introduced with the free hand. The solution should be thrown in with considerable force to insure contact with the whole diseased surface. Just previous to this the canal should be washed out with soap-suds or simple water as warm as can be conveniently borne. Immediately follow the nit. arg. with a syringeful of a solution of chloride of sodium.

The following used every three, four or six hours will generally subdue the inflammation within forty-eight hours:

℞ Zinci acetatis,
Plumbi acetatis,
Morphæ acetatis,..... aa grs. iv.
Pulv. accacia,..... ʒ ij.
Aq. rosæ, vel camphoræ,..... f ʒ viij

M. Sig. A syringeful immediately after urinating.

Bitartrate of potassa and sulphate of magnesia in equal portions should be taken in teaspoonful doses every two or three hours until the bowels become soluble.

As it seldom happens that a case is seen in time to avert it, I briefly give the treatment I usually pursue, which, in a vast majority of cases, is entirely successful. I direct the patient to put a heaping tablespoonful of equal parts of bitart. potass. and magnesia sulphatis into a quart of water and take a wine-glassful of the solution every three or four hours until the bowels become lax, and then continue *pro re nata*. Meantime use the following:

℞ Potass. permanganatis,..... grs. iv.
Zinci sulphatis,..... grs. xxiv.
Morphiæ sulphatis,..... grs. iv.
Acid gallic,..... grs. iv.
Acaciæ,..... ʒ ij.
Aq. camph. vel. rosæ..... f ʒ viij.

To get the full benefit of the medicine, the patient should be directed to make sufficient pressure on the perineum to prevent ingress into the bladder, by sitting on a chair or stool, placing a ball or some convenient body on the perineum and resting on it.

The urethra should be first fully distended with air by pumping into it with the syringe, securing the end of the penis between the thumb and index finger while the instrument is being withdrawn. The distention should be kept up a minute at least, and the urethra pressed

from the scrotum forward with one fore-finger, which will press all the pus out of the lacunæ. This manipulation should be followed by urinating, and this immediately by the medicated fluid, which should be retained two or three minutes in the manner above described, and contact of the whole diseased surface is thus secured.

This should be repeated every four hours for two or three days, when the discharge ceases and the disease is cured.

I always use anodynes and diuretics internally, though it may not always be necessary.

The following is a favorite of mine, and seldom fails to accomplish all that could be desired: Ether nitrosi, acid nitros, tr. gelseminum, tr. opii camphorata and aq. menthæ vel cinnamon, mixed in proper proportions and taken in one or two teaspoonful doses *ter die*, half an hour after meals, diluted with sweetened water.

The cordee is easily controlled by small enemata of cold water per rectum during the day, and a mixture of camphor and hyoscyami suspended in flax seed or slippery elm infusion at night. When the disease becomes chronic I add either, balsam copaiba, or fir to the above internal mixture, or give in solid form, or when the patient is debilitated and anemic combine them with iron.

If the case is very obstinate I use chloride of zinc, one to three grains to the ounce, with the same proportion of acetate or muriate of morphia. When it is practicable, in the chronic form, I insert a metallic bougie into the bladder at bed-time, allowing it to remain all night and follow it with the injection in the morning as soon as the patient has voided urine, repeating once or twice during the day. The most obstinate cases readily yield to this treatment in a few days.

The diet in the acute form should be rather bland and unstimulating. In the chronic, where the iron is indicated, I allow a generous diet, with porter, ale or a drink of gin or fine corn whisky two or three times a day.

One word more. When the disease has lost its specific character occasional coition is beneficial, in two ways at least: it benefits the relaxed urethra and has a tendency to prevent and cure stricture.

PROGRESSIVE LOCOMOTOR ATAXY.

BY T. B. GREENLEY, M.D., OF KENTUCKY.

From the best observations it is demonstrated that this disease is located in the posterior column of the spinal cord, and, of course, belongs to the great family of diseases known as neuroses. Its pathology seems to be a sclerosis of that portion of the cord, and commences

in the lumbar region. The patient at first may only be conscious of a slight tingling sensation or numbness in the extremities, amounting as it progresses to partial anæsthesia.

The most prominent symptom in the disease as it progresses is the want of accommodation on the part of the muscles of locomotion. The patient, on attempting to walk, shuffles along like a drunken man. The muscles refuse to obey the will, and in making the effort he may fall. Owing to partial anæsthesia, the ground feels soft, as though he was walking on cotton or wool. His eyes serve as crutches and guide him in his steps, or otherwise he is liable to fall. He, therefore, is unable to walk in the dark. The sense of touch is greatly impaired, being unable to distinguish what he may hold in his hand without looking at it.

The tendency of the disease is to grow worse, and finally to bring the patient to bed. The cause of ataxy is not, I presume, well understood, as we may see it developed in those who are apparently robust, and who may have previously enjoyed good health.

The prognosis is generally unfavorable as far as entire recovery is concerned; yet independent of this a prudent man may, with proper treatment, live many years, and enjoy comparative comfort. Fortunately it is comparatively a rare disease; I have seen but two cases in a practice of thirty-six years. Both of these were in young people of previous good health. One, a female of sixteen; the other, a young man, both unmarried. The first was not my patient, and I am unable to give a history of the case or its termination. The second, a young man twenty-eight years old, stoutly made and of usual robust health, applied to me for treatment in October last. He had six weeks before begun to feel slight numbness in the extremities, which gradually increased until he found himself unable to place his feet properly when walking. He, however, continued to work a while longer, being engaged as a hand at a saw-mill.

When I saw him he could still hobble along, frequently staggering, and sometimes nearly falling. I directed him to suspend all efforts to work, and keep comparatively quiet.

The treatment consisted in the use of tinctures of nux vomica and belladonna, of each 15 drops three times a day, with proper diet. Frictions and stimulating applications over lumbar region.

In two weeks from the time I first saw him, he was unable to walk, but his appetite and digestion continued good. This inability to walk only lasted about two weeks before he began to improve; and by the first of January he was able to walk better than when I first saw him. He continued to improve and is now apparently as well as he was previous to the commencement of the attack. He feels no difficulty what-

ever in commanding the use of his feet in locomotion. He seems so entirely relieved that I advised him to discontinue the medicine some time since.

The most approved treatment of ataxy seems to be the use of ergot, but in my case the patient could not take it on account of intolerance on the part of the stomach. Nitrate of silver is also highly recommanded in this trouble, but as the nux vomica and belladonna seemed to do well I did not use it.

I do not recollect having seen belladonna recommended for ataxy, but as I have had good results from it in some other affections belonging to the class neuroses, I deemed it worthy of trial in this disease. Should any member of the profession who may see this article, and who may happen to have a case of ataxy on hand, I hope he will give the treatment I used in this case a fair trial, and report the result.

DOUBLE PNEUMONIA.

BY E. P. TOWNSEND, M. D.

In view of the recent articles by Dr. Hiram Corson, in the *Medical and Surgical Reporter*, also one in the February number of this journal, by Dr. Ezra Michener, and a reprint in the present number of one by Professor S. D. Gross, upon the subject of "Bloodletting as a Remedy," each of whom refers to pneumonia as one of the diseases whose fatality has increased since bloodletting has gone out of fashion, I have thought it advisable to report the clinical notes of a case occurring recently in my practice. The notes were taken at the bed-side, and carefully taken with a view to publication, since the practice is such as I have followed for upwards of fifteen years, with excellent success; in fact with such success that I believe that cases of this kind occurring in previously healthy individuals, and seen in the early stages, should be almost invariably saved. The patient was Mr. Henry O., aged twenty years. I have known him since he was five years old. He has had no previous sickness of a serious character; no hereditary taint; weight about one hundred and forty, height five feet four; is noted for his endurance in athletic sports; a tinsmith by trade.

On the 8th of January, he was on the river skating most of the afternoon; left the ice at Burlington quite warm from the exercise, and walked home, a distance of three miles. On the 9th he found he had contracted a severe cold, but again went to the river and skated for some time. On the 10th and 11th he remained in the house and used some domestic remedies. I was called to see him at 8 o'clock, on the evening of the 11th, and found that he had just had a severe chill. His breathing was thirty-six to the minute, respirations shallow, a hectic flush on each cheek; in the bowl at the bedside was considerable rusty and blood-streaked sputa; the pulse was 120 and the thermometer registered 104° in the axilla. There was very little thoracic movement in respiration, the breathing being diaphragmatic. Auscul-

tation revealed crepitant rales in lower lobes anteriorily, and in the whole posterior surface of both lungs; skin dry and hot. I ordered tinct. verat viride, gtts. iij every hour until the pulse was reduced to 70; the whole anterior surface of the chest to be covered with silk oil cloth, next the skin. Saw the patient again at 12 m., and found the pulse 108, temperature 102°. I remained with him and continued the treatment until 4 a. m., when the pulse had dropped to 80; temperature 101°; skin moist; respirations twenty-four; expectoration more free and containing much more blood. The veratrum was ordered to be given every two hours if the pulse was above eighty, and I left him in charge of his mother.

12th, 8 a. m.—Nurse and patient slept from 5 until 8, and no medicine given, the skin was again dry, pulse 104, temperature 103°; no veratrum had been given. 3 p. m. Ordered it to be given again once in two hours until I returned, unless the pulse was reduced to 70 and the patient prostrated, or vomiting ensued. At 12 m., pulse 100; the patient sweating freely, breathing more easy and the expectoration more profuse and more blood. The patient in disobedience of orders, had insisted upon talking a great deal. At 6 p. m., pulse 70, temperature 98°; patient perspiring freely; mucous rales over lower anterior lobes of each lung.

13th, 8 a. m.—Patient perspired freely all night; veratrum had not been used but once; pulse 90, temperature 98°; ordered

℞ Ammon carb..... ℥j.
Muc. acacia..... ℥ iv.
Tr. aconite..... gtts. xvj

M. f. Emul. Sig. Teaspoonful to be given every two hours; veratrum discontinued.

12 m.—Pulse 100, temperature 101.5, respiration 30; moisture on forehead only; discontinued the ammonia, and re-ordered the veratrum until the pulse was reduced to 70 again. At 6 p. m., veratrum again discontinued and ammonia substituted.

14th, 8 a. m.—Pulse 100, soft and feeble, perspiration and expectoration profuse; continued ammonia. In addition, ordered the patient ℥ij of brandy in ℥ij of milk every four hours, to be alternated with beef tea; the temperature had dropped to 98.5°. Continued this treatment throughout the day and night.

15th, 8 a. m.—The sputa is abundant and sanguineous, it also contains lumps of clear jelly-like matter; the face is pale and perspiration very free, especially about the head. Changed the remedy as follows:

℞ Ammon carb..... ℥j.
Muc. acacia..... ℥ iij.
M. emulsion, et ad.
Tr. gentian..... ℥ j.

Sig. Teaspoonful every two hours. Brandy, milk and beef tea continued.

16th.—Patient convalescing, pulse 90, respiration 24, expectoration less profuse, still glutinous and bloody; treatment continued. There was no further drawback, and the patient left his room on the 20th, and was discharged on the 22d.

I give the above case in full to illustrate the following points. First the patient was of the sthenic type. The disease of acute form, and it had not yet reached the second stage. What kept up the engorgement of the lung? The rapid action of the heart; and evidently the indication was to quiet the heart. How should I do it? I had a choice of means; the lancet, veratrum viride, aconite. Either of them was certain to do it if properly used. Every man works best with the implements he is most familiar with. I was accustomed to using veratrum; I knew it would do the work, and I used it as fearlessly as either of the gentlemen named above would have used the lancet. When it had accomplished its work I ceased using it.

The patient was prostrated, but no more than he would have been with the lancet, and he had all of his blood in his veins, except what he had lost through the lungs. In his weak condition his system was not called upon to manufacture thirty or forty ounces of blood to supply deficiencies. In olden times the advocates of bloodletting claimed that the blood was bad and must be removed, and pointed to the buffy coat as a proof of their theory, but our recent advocates lay no such claim; they bleed to reduce the power of the heart. Then why not reduce the power of the heart with veratrum and save the blood? All the modern talk of change of type of disease is sheer nonsense, and the type of any disease in a patient depends entirely upon the physical condition of that patient when attacked. There is no doubt bloodletting would be just as beneficial when necessary, as it was in former days; but what's the use of losing the volume of blood when the heart can be controlled just as completely without it? It must be borne in mind that Chemistry and Pharmacy have made rapid strides in the last half century. The statement that pneumonia has been more fatal in late years than formerly, may be true, but the fault lies in false teaching and bad judgment.

Professor Flint, not many years ago, taught and advocated throughout the land that pneumonia must be treated with stimulants, and Professor Flint was right, so far as the clinical cases who presented themselves at public institutions, suffering in the second and third stages of the disease, with constitutions previously shattered, by want and exposure, or rum and syphilitic taint, were concerned, but that any country doctor could go to the bedside of a pneumonic patient who was strong and robust but a few hours before, and pour whisky on the already blazing fire that consumed him, is simply rediculous; and yet they did it because Austin Flint ordered whisky in pneumonia.

The proper timing of remedies is also a great element of success. Professor Gross, Hiram Corson or Ezra Michener, would neither of them advise bleeding every man that had pneumonia, simply because he had it. Every physician who knows how to use a fly blister, knows that his patient must be in a certain condition before a blister is available. As well use the lancet or veratrum in the last stage when life is fast ebbing out, as use whisky or ammonia when the whole system is on fire, and the heart beating furiously and forcing the blood into the injured lung in torrents. The lancet, veratrum and aconite have all been maligned because they have been misused and abused by persons

unfamiliar with the tools they were using, and the disease they are trying to combat.

One great cause of the increased fatality of inflammatory or acute diseases at the present day, is the pusillanimity of medical men. It is fashionable to be skeptical about the effects of remedies, to preach of hygienic measures, of the self-limitation of disease, of time and rose water; but when a physician is called to the bedside of a patient, suffering with an acute inflammatory affection, Professor Gross will agree with me it is the time to roll up his sleeves and fight for the life of his patient.—*Country Practitioner.*

CHRONIC NASAL CATARRH.

My experience in the treatment of this disease, said Doctor Gustine in a paper read before the Medical Association of Iowa, has been a complete failure, in most instances, as far as producing a cure. Improvement has followed the use of the various remedies, both local and constitutional, recommended by the most reliable authorities on this subject; but I must confess that my success in this latitude has fallen of that which they have represented, especially in old and inveterate cases. I deem local remedies of paramount importance. For local applications, one of the best to commence with is a weak solution of permanganate of potash, one grain to the ounce of water. And let me here say, that I prepare the water myself, taking rain water and boiling it, to destroy as much as possible the infusoria always present in this fluid, and then strain. Much of the distilled and medicated waters in the shops is impregnated with this adulteration by long standing, and hence is unfit to be used in this affection. In mild cases withont erosions or ulcerations, the strength of the various local applications must be increased as the patient can bear them. Do not produce too much pain. Carbolic acid is one of our best remedies to allay fetor, and aid often in restoring the parts to a more healthy action.

One important point to remember is, that the membrane must first be cleansed of secretions more particularly from inspissated mucus, so that the medicinal substances may come directly in contact with the diseased surface. One of the best remedies for this purpose is a solution of common salt, half an ounce or one ounce to the quart of water, also a solution of muriate of ammonia is an excellent dissolvent. They can be administered by means of Thudicum's apparatus, or by a large syringe. When there is a thin, gleety discharge, you will find a weak solution of sulphate of copper, one-fourth to half a grain to the ounce of water, a most excellent remedy.

It will not do to continue one substance too long at a time. It is best to alternate them every two or three days, unless the improvement appears to be very decided under their use. Change of remedies is beneficial in this disease as well as in most others. We often fail from inattention to this rule.

When the maxillary sinus is involved, it will be necessary to extract one of the molar teeth and make an opening into the anthrum through which the injection can be administered. Sometimes the disease extends to the frontal sinus, and these are the most obstinate cases we

have to deal with, because it is impossible to make our applications. Hypertrophy and atrophy of the nasal membrane are very unfavorable conditions, and, as a general rule, resist treatment a long time; and many cases of this character are never cured. These are the conditions which require strong caustic and ointments. Ointments are more effective here than solutions, because their effects are more permanent. It is often necessary to apply them in full strength, so as to change the diseased action of the part. Boracic acid has been highly recommended in the latter, and the iodine preparations in the former. A weak solution of corrosive sublimate, as an alterative, in hypertrophy, has been used with benefit.

There is one important point it will be well to impress upon your attention, and that is, the great improvement produced by climateric influences. A removal to a latitude where the temperature is scarcely ever below the freezing point has benefitted and cured, when the disease is not too far advanced, more persons than the most effective remedies. Corroborative of this position, to which allusion has been made, is the fact that the negroes who have emigrated from the far South to a more northern latitude are most universally attacked. I would, therefore, recommend as a great factor, a removal to such a climate as Florida, or Southern California.

Treatment of Ozæna.—The *Lancet*, Jannary 1st, says: In several cases of chronic inflammation of the nasal and pharyngal cavities, giving rise to offensive discharge, Dr. Poore has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula: biborate of soda, nitrate of bismuth, of each one drachm; disulphate of quinine, ten grains; iodoform, five grains. This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is, therefore, necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal dourche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A tablespoonful of glycerole of borax dissolved in a wineglass of tepid water forms an exellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without the aid either of syringe or douche apparatus. In caces where the ozæna is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish, inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half grain or a grain (in pills), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the interior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerole of tannin, and after the cavities have been cleaned a little dry iodoform may be passed into the cavities on the tip of the brush.—*Indiana Medical Reporter.*

ABSTRACTS AND GLEANINGS.

Experiments with the Inhalation of Sulphuric Ether.—Dr Taylor, in the New York *Medical Record*, says: In 1872 I inhaled ether myself for the purpose of experiencing in my own person its physiological effects and noting the amount of rational consciousness remaining while insensibility to pain continued. My experiment resulted in a perfect demonstration to my own mind of the following propositions:

First.—Ether affects the *terminal ramifications* of the nerves *first.*

Second.—That complete insensibility to pain may be produced by ether, while entire rational consciousness remains. Thus, while perfectly conscious of everything, I could stick a pin or make a small incision in any part of my body without feeling any pain whatever. I also noticed that the peculiar deadness or numbness began in the feet and hands first, and extended gradually to the trunk, until—although fully conscious *mentally*—I did not know that I was breathing unless I *looked* at my chest and *saw* it rise and fall. Finally, I was only aware of the cool feeling produced on the tip of my nose by the passage in of the air, and then complete oblivion, lasting, however, only half a minute. I had my watch in my lap and noted the time from my last recollection to my first awakening, for, of course, the handkerchief containing the ether fell from my hand during unconsciousness, and destroyed the continuous effect of the anæsthetic.

Third.—Ether mixed with *much atmospheric air* can be inhaled for hours without producing unconsciousness—sufficient for the quiet performance of a delicate surgical operation. Although sensibility to pain may be abolished during the whole time, yet reflex movements will occur on the application of a sharp stimulus.

Fourth.—That ether almost *undiluted* with air, after the few free respirations, produces anæsthesia and *mental unconsciousness* with complete muscular relaxation, amply sufficient for the uninterrupted performance of any capital operation.

Fifth.—That the condition above-mentioned, being once produced, can be easily maintained for hours by slight additions of ether diluted with air.

Sixth.—That ether *increases* the blood-pressure, and that it enfeebles the pulse only after long-continued and excessive administration. That it gradually produces an increasing slowness and shallowness of respiration, and that in my opinion it kills only in this way, and that if the heart should become enfeebled it is a secondary result of the pulmonary lethargy.

In conclusion, I would say that I have seen great benefit result from the moderate inhalation of ether where cavities existed in the lung; that I have given it to patients afflicted with nearly every form of disease, without having occasion to be dissatisfied with its action as an anæsthetic or alarmed at its operation as a narcotic. I believe that the trouble in producing anæsthesia with ether, complained of by surgeons, is due to the fact that they are afraid to administer it *undi-*

luted with air. *I* always use Lente's improved inhaler—an impervious brass nose-piece with rubber stuffing on the edge to make it air-tight. I have always given ether *undiluted*, with the exception of a few inhalations at first to accustom the air-passages to the vapor. Given in this way, I believe it is perfectly safe and efficient. The fearful mortality of chloroform speaks for itself in the report of the eminent men referred to above, and it would be needless for me to discuss the question. Ethidene is only spoken of as *less* dangerous than chloroform; but why use an anæsthetic that is dangerous *at all*, when ether is as safe as anything of the kind can ever be, solely for the purpose of saving a few minutes' time? Chloroform is tricky and uncertain. Ether can only kill, in my opinion, by stopping the respiration, which can be easily watched and the administration controlled to suit any emergency. The few deaths recorded against ether represent so small a percentage as to be almost infinitesimal, while you cannot read a journal without noting one or more deaths from chloroform.

The Etiology of Vertigo.—At a meeting of the Medico-Chirurgical Society of Edinburgh, in January, Mr. McBride read a paper on the etiology of vertigo, of which the following is an abstract; In relation to this subject the theory was advanced that a nerve impulse striking the brain may, according to its intensity, involve a large or small central area. For instance, the pain caused by a carious tooth might be confined to those fibres of the fifth nerve corresponding to the tooth, or the impulse communicated along these fibrils might overflow and involve the central termination of other fibrils, and even other nerves, producing earache, faceache, and mastodynia. It was, therefore, urged that nerve impulse communicated along any one nerve may overflow and involve other brain area. Shock was considered to be an overflow of nerve impulse so powerful as to involve centres necessary for life. It was argued that vertigo is a definite sensation, and that for any sensation to be experienced a definite encephalic tract must become active. From experiments on animals, the effects of rotation in the human subject, and the phenomena of Meniere's disease, it is known that stimulation of the nerves of the semicircular canals produces vertigo, and that therefore their central terminations must be in close relation with a vertiginous centre, which may (at least physiologically) be assumed to exist. We know, further, that irritation of the canals, if severe, is apt to cause vomiting, syncope, nystagmus, and other phenomena. It is therefore probable that nerve impulse communicated to the vertiginous centre tends to overflow and involve other centres (*e. g.*, the vomiting, cardiac, inhibitory, and oculo-motor centres.) Probably all of these centres are in physiological relation (the central termination of the nerves of the semicircular canals, the vomiting, and the oculo-motor, as also the cardiac inhibitory); therefore impulses communicated to one tend to overflow to the others. In some persons it is justifiable to assume that a nerve impulse tends to overflow more readily on account of unstable equilibrium of the nerve centres, or perhaps of particular nerve centres. Nerve impulse also seems to spread in a definite physiological direction, as seen in the constant results of accidental or experimental lesions of the semi-

circular canals in man and the lower animals. Possibly this line of argument may be applied to the so-called explosive neuroses. If it be once admitted that vertigo may be produced by impulse applied to the oculo-motor centre, we have here an explanation of those cases where vertiginous phenomena are produced in animals after section of both auditory nerves. Vertigo may originate from causes (1) visceral (2) ocular, (3) aural, as well as central (epilepsy, etc.) and general (anæmia, etc.) causes, as also through nerves of common sensation (pain). The general conclusions arrived at were—

1. That there is a cerebral area or tract, stimulation of which produces vertigo.

2. That this area may be stimulated by impressions ocular, auditory, sensory, or visceral, as well as central changes, and is in intimate physiological relation with the vomiting and oculo-motor centres. That is to say, impressions conveyed to one of those centres tend to involve the others by overflow of nerve energy.

3. The excessive stimulation of the vertiginous area will produce an overflow of nerve impulse to various motor centres, and probably unconsciousness.

4. That inasmuch as the phenomena of its excessive stimulation (as in rotated men or animals, Meniere's disease, etc.,) are represented by a different train of symptoms, we may infer that overflow of nerve impulse usually proceeds in the same direction—in other words, involves the same centres—first those which are intimately connected with it, then those more remote.

5. That possibly the same process of reasoning may be applied to death from shock, epileptic attacks, convulsions, and some of the other so-called explosive neuroses.

6. That in typical cases, ocular, stomach, and auditory vertigo may be distinguished from one another by the centre first involved. Thus we should expect that stomach vertigo would be preceded by nausea, if not vomiting; that ocular vertigo would be caused by changes in the motor apparatus of the eyeball, but that in auditory vertigo the giddiness is the first and may be the only symptom.

7. The sea-sickness is probably generally due to stomach irritation, for here, as a rule, we have first vomiting, and afterwards vertigo, which is, however, by no means a constant accompaniment.—*Medical and Surgical Reporter.*

Treatment of Indigestion and Heartburn.—In the course of an article in the *Practitioner*, January, 1881, Dr. J. Milner Fothergill writes:

For the purpose of whetting the appetite and thus acting reflexly upon the gastric secretion, we employ the class of agents known as bitters. To these we add hydrochloric acid. Ringer has pointed out how an alkali taken into the stomach before a meal, when the stomach is alkaline, produces a freer flow of acid afterwards. Consequently we comprehend the value of that well known preparation indifferently termed, "Haust. Stomach," or "Mist. Mirabilis," or "Mist. Rhei et Gentian," in the various hospitals; a combination of world-wide fame. One drawback to this combination of rhubarb, gentian and soda is, that the student becomes familiar with it and its virtues, but remains

ignorant of its exact composition, and so loses sight of it when he enters upon practice for himself. Such a mixture before meals, followed by ten drops of hydrochloric acid after the meal, will often make the difference betwixt imperfect digestion, producing discomfort, and digestion so perfect that it does not provoke consciousness. Or where there is much irritability in the stomach, *i. e.* when a bare, red tongue imperfectly covered with epithelium suggests a like condition of the internal coat of the stomach, then bismuth is most soothing. The mixture of soda, bismuth, and calcimba is in use for such indigestion with good results. The dietary in such a case should consist of the blandest food, milk, with or without baked flour in it, beef tea with baked flour; nothing more till an improved condition of the tongue tells of a more normal condition of the stomach. In such cases a plain opium pill at bedtime often soothes the stomach very nicely. Then there are cases where imperfect digestion is accompanied by the production of fatty acids, butyric and others, which add the phenomenon of "heartburn" to the symptoms; or there may be later products formed which cause the bitter, hot taste in the mouth on awakening in the morning or after a post-prandial nap. It is usual to treat "heartburn" by the exhibition of an alkali; but this is not good practice. In union with an alkali the offending matter is nearly as objectionrble as in the form of free acid. It is much better to give a mineral aeid, as the hydrochloric, or phosphoric, which breaks up the feebler organic acid. By such means we can aid the digestive act. Then at other times the indigestion is due to lithiases, where the presence of uric acid impairs the efficiency of the gastric juice. In these cases all measures which do not entertain the causal relations of dyspepsia are of little use. By the administration of potash in a bitter infusion, well diluted, taken half an hour before a meal, this element of trouble is removed. In all cases of gouty persons suffering from dyspepsia, do not forget this cause of impairment of the gastric juice.—*Medical and Suvgical Reporter.*

The Tongue as a Diagnostic Point in Diseases.—From an extended observation I have deduced several important deductions from the appearance of the tongue which have been specially valuable as a diagnostic point in various phases of disease.

The (saburra) or fur of the tongue should be specially observed.

FIRST.—A heavy coated tongue, especially at its base, with a deep yellow coat, the liver is the cause, still tobacco chewers may have that and the liver be sound. I have noticed in several instances jaundice with a white coated tongue.

SECOND.—The pinched and shrunken tongue shows atony of the digestive tract as found in dyspeptic troubles.

The elongated tongue shows irritated condition with determination of blood to the stomach and intestines.

It will also exist in excitation of the nervous system.

It is specially found in children. In these conditions irritant cathartics *do* harm.

THIRD.—The dry tongue has several very important considerations as indicating in febrile conditions, much danger which demands close attention. Food must be taken in such cases in fluid form, bearing in

mind that it always must be above the temperature of 100°, of a nutritious character, which may easily be assimilated. Dryness may be found in vascular excitement, more particularly associated in excitation of the ganglionic and nervous system. Hence the indications for sedatives for the vascular excitement, and diaphoretics for contraction and excitement of the nervous system, together with other proper medication. When the tongue changes from the dryness to a brown or black color, with sordes about the teeth, it means that the blood is in a specific condition—and not, as commonly supposed, due to a typhoid condition. Hence, a marked improvement always follows from the best antiseptics with stimulants and tonics.—*Dr. Fox, in Indiana Medical Reporter.*

A Case of Phlyctenular Conjunctivitis.—Dr. W. W. Seely said: The case I now present represents a class of frequent applicants at the dispensary.

You can usually tell them at a glance, for the child comes in with its eyes closed and head down, shunning the light as much as possible. When I lay its head between the knees, I find one or two well-marked phlyctenulæ quite near the sclero corneal junction. These phlyctenulæ are (usually) small vesicles, in the beginning, filled with fluid containing many little cells. Shortly the epithelium covering the vesicle becomes shed, and we have a veritable little ulcer, exposing branches of the sensitive nerve; and this irritation extends to the nerves supplying the orbicular muscle of the lids, producing the blepharo spasm.

Very often, as an accompanying phenomenon, we have more or less catarrhal conjunctivitis. These phlyctenulæ may be quite numerous or occur singly, be situated some distance from the cornea, just on the limbus, or rest, like a saddle, partly on the conjunctiva partly on the cornea, with a marked tendency to extend upon the latter.

For phlyctenulæ, not involving the cornea to any extent, the local treatment usually suffices for relief, and is extremely simple.

It is never necessary to use, what is so often recommended, viz: atropia; since you will find that it often adds to the irritability of the eye.

We formerly were in the habit of waiting till the irritation had subsided somewhat before beginning the local treatment, simply because the remedies used were in themselves irritating.

This case presents vesicles not yet ruptured, though you see I apply yellow oxide in vaseline (5 grains to the half ounce) and assure you that to-morrow when the child is brought here it will present a vastly different aspect.

You will find that this remedy can be used right from the beginning, and is altogether the best one and the only one needed so long as the cornea is not involved. If there were many sores about the face, nose or mouth, we would simply use an ointment of vaseline and boracic acid, as you have often seen, it being a perfectly bland application and thoroughly efficient.

I will say in regard to the yellow oxide in these cases, that it has always been used in too strong preparations and in a vehicle that of itself is irritating. The strength I recommend is quite enough. If you are inclined to use an eye-water, let it by all means be eserine in-

stead of atropine, and procure the salicylate of eserine if possible, preparing a little at a time, so that it shall be fresh, *i. e.*, free from sources of irritation.

Your constitutional remedies, as I have said, must depend upon the general state of the child, *i. e.*, whether it is in such a condition as to need internal medication on general principles, when of course your cod liver oil, quinine, and iodide of iron can be given.—*Cincinnati Clinic.*

Almost a Specific for Catarrh of the Nasal Passage.—Dr. H. A. Eberle, of Webster City, Iowa, in American Medical Journal, says: In this State, where catarrh is so prevalent amongst the people, any remedy that would perform a cure would be hailed with the greatest delight. Iodoform, as a remedy for chronic ulcers, was used quite extensively in the Montreal general hospital in 1872 to 1876, with such good results as to warrant its trial in private practice. Since that time I have made use of it in very many ways, in the treatment of piles, fissures, granular ulceration of the nterus, etc., and always with gratifying results.

In view of its healing properties, I was led to adopt the remedy for the treatment of catarrh, and as I had been a sufferer from the disease in a chronic form for many years, and had used many preparations with varying success and little benefit, I concluded to make use of it in the following manner: First, an ointment is made thus:

℞ Iodoform, finely powdered..... grs. lx.
Ext. geranium, solid..... grs. x.
Acid carbolic..... gtt. xv.
Vaseline..... qs. ℥ i
Mix.

Secondly, bougies are made of absorbent cotton saturated with the above ointment and simply introduced up the nasal passages as far as necessary at bedtime. These are left in all night and are easily removed in the morning by blowing the nose.

This is repeated for a week or ten days, when the most obstinate case of catarrh will yield to the treatment. Scarcely any other treatment is necessary, except the occasional use of the posterior nasal douche with some cleansing fluid. I usually employ a weak, tepid solution of chloride of sodium before introducing the "iodoformized cotton" tent.

Sulphate of Hyoscyamin as a Mydriatic.—Dr. Risley, in the Philadelphia Medical Times, gives the results of experiments made with the sulphate of hyoscyamin as a mydriatic. From his report of eight cases in which a solution of gr. ii. to the ounce was used, we learn that the above is a powerful mydriatic, which in its rapidity of action over the iris and ciliary muscle and in the duration of its control is more like duboisin than like atropin. Accommodation usually returns in about 100 hours; when used in the given strength there is little danger of annoyance from constitutional impression, only one case out of eight, a lady, having complained of vertigo, which quite disappeared in an hour and a half.—*Monthly Review.*

Iodine Treatment of Diphtheria.—Dr. H. P. Gauther communicates the following cases of diphtheria treated with iodine in the practice of Prof. Jay Owens, of St. Paul, Minnesota:

A woman was taken with sore throat, chilly sensations, difficulty in swallowing, and fever, together with patches on the left tonsil. At 5 p. m. the same day ten-drop doses of Lugol's solution of iodine were ordered every hour. The patient's pulse at this time was 127 and had a temperature of 104½° F. At 1 p. m. the following day she could swallow without difficulty, the patches had almost disappeared from her tonsils, her pulse was 106 and her temperature 101½° F. She was up and about in two days more.

Case II. Male, aged twenty-six, had at 5 p. m., when seen, a pulse of 133 and a temperature of 103¾° F. There was a diphtheritic patch on each tonsil, and the patient was extremely weak. Ten-drop doses of Lugol's solution were ordered every hour in water. At 1 p. m. the day following the patch on one tonsil had disappeared, the other was disappearing; the patient had a pulse of 79, and a temperature of 100° F. In three days he was able to engage in his usual avocations. While it is possible that elements of error may exist in cases observed by a single physician, these can scarcely be expected to occur in the results of two observers, so that from these cases of Dr. Owens, added to those of Dr. Gauther, it would appear that iodine exercises considerable influence over diphtheria, but the cases are still too few to express a decided opinion on.—*Chicago Medical Review.*

Alstonia Constricta.—The bark of the Alstonia constricta, or Australian fever-tree, has been known as a pharmaceutical curiosity—at least, since 1863, when Palm separated from it a bitter principle which he called alstonin.

Dr. Bixby, in American Medical Journal, has used the drug largely during eighteen months, and has prescribed it in thousands of cases. He finds that its action resembles in many respects the combined action of quinine and nux vomica. It is an antiperiodic of the highest type, better, in his opinion, than quinine or cinchonidine. It is a cerebro-spinal stimulant and tonic, acts positively upon the great sympathetic nerve-centres, and consequently increases, positively and permanently, the vital forces of the entire system. A proper sedative should be given before the use of the bark is begun.

In general nervous depression it acts like a charm; in typhoid, puerperal and other fevers, in recent colds and rheumatism, it has produced good results.

Trichina Spiralis.—Foreign nations have gotten up a big scare on this subject. Importation of this article from the United States is now forbidden by France, Russia, Germany, Italy, Spain, Greece, and Portugal. The consequent injury to American trade from these restrictions is, of course, very great. We export annually about eighty million pounds of pork to France. The amount sent to England is twelve times as great, and the total value of all the meat thus sent out from this country is estimated to be about one hundred million dollars annually.—*N. Y. Med. Rec.*

Potassium Bromide in Infantile Diarrhœas. — Dr. F. Charles Lawrence, of Texas, says, in Cincinnati Clinic: During the summer months of 1879, while residing in one of the towns of the Rock River Valley in Illinois, I was daily called to prescribe for children suffering from the various forms of diarrhœa. Many of these cases were the diarrhœa of dentition, in which a predominating morbid element was hyperæsthesia of the nervous system. I gave the bromide in doses of ½ to 2 grains, according to the age of the patient, and generally with intervals of two hours between doses. In 20 cases of this kind, diarrhœa and vomiting ceased after the administration of a few doses, the little patients falling into a quiet sleep. In seven of these cases, I found considerable swelling of the gums, which I ordered rubbed several times daily with potassium bromide, gr. xxx, to glycerine and water aa ʒij. This comprised the entire treatment of the cases, and the results were to me very gratifying.

In another group of cases, children from 3 to 7 years of age, depending upon acidity of *prima viæ*, with stools more or less mingled with blood, and vomiting often present, the bromide in 1½ to 3 grain doses, with proper hygienic measures, gave good results, only about one case out of seven requiring any astringents or opiates.

Ovariotomy.—Ovariotomy, first successfully performed in this country, and subsequently styled by Piorry "une audace Americaine," has remained pre-eminently an Anglo-American procedure. The names which stand foremost in the list of surgeons who, since McDowell, have helped to establish the operation, are those of Spencer Wells, Clay, Baker Brown, Keith, Thornton, in Great Britain; of Atlee, Peaslee, Kimball, in the United States; of Pean and Koeberle, on the continent of Europe. But to no one more than to Spencer Wells belongs the honor of having raised ovariotomy, and with it abdominal surgery, to its present secure position, and of having taught the surgical world the best methods for its successful performance.

A few figures will suffice to show the great degree of success now attainable by means of this operation, in experienced hands. Spencer Wells, only a few weeks ago, communicated to the Royal Medical and Chirurgical Society of London, a paper which summarized the results of his last 200 cases, completing a series of 1000 ovariotomies performed by him from first to last. Among the 1000 patients 231 had died and 769 had recovered, the mortality, however, having steadily diminished from 34 in the first 100 to 11 in the last. The last 112 cases took place in private practice, and were all done antiseptically, the result being a mortality of 10-6 per cent.—*Boston Med. Jour.*

Artificial Vaccine.—Mr. J. Lawrence Hamilton, of London, proposes to supply an abundant supply of artificial vaccine lymph, produced outside the body of living man or living animal, by isolating and then breeding the vaccine organisms in suitable germ nutritive solutions which have been previously deprived of all septic and other noxious germs. The special precautions which Mr. Hamilton considers necessary to secure success in breeding the artificial vaccine lymph, as well as the results therewith inoculating men and animals, will be published at a future date.—*Boston Med. Jour.*

On the Abortive and Curative Treatment of Small-Pox.—"On the 16th of January, 1880," says Dr. Bouyer, of St. Pierre de Fursac, in the *Bull. de Therapeutique*, December 25th, "I addressed to the Academy of Medicine the following letter: 'I have the honor to forward to the Academy a sealed packet containing a formula for what I believe to be the curative and abortive treatment of small-pox, and which I have found very successful in six cases. When I have tried the treatment in a greater number of cases, I shall lay before the Academy the results of my investigation.'"

On the 16th of March, Dr. Bouyer had had fifteen cases, all confirming the efficacy of the remedy, and shortly afterwards he was pleased to make it known. The following is the formula recommended—

℞	Alcohol.....	10-15 grams (2½–4 ʒ)	
	Salicylic acid,.....	1 gram (15 grs.)	
	Simple syrup,.....	20 grams (5 ʒ.)	
	Water,.....	50 grams (2 ℥.)	M.

Of this a tablespoonful should be taken every six hours, if the case is seen early, and every four hours if the disease is well advanced before the treatment is begun. Dr. Bouyer finds that under this treatment commenced early, the eruption is discrete, or if confluent, the pustules are of small size, and contain little pus. They contract between the sixth and eighth day, leaving light furfuraceous crusts, which fall off in a few days without leaving either cicatrices or stigmata. The fever of suppuration is always greatly diminished.—*Med. and Surg. Reporter.*

The Treatment of Nævus.—Dr. Richard Bligh says, (in *British Medical Journal*): I am perfectly certain that the ligature is very rarely necessary, and that a very old remedy, the liquor plumbi subacetatis, is far more to be relied on than anything else for destroying nævi of various kinds. I have always found that, after it has been applied regularly for about four months, once a day (if used oftener it will give rise to ulceration), the nævus becomes dotted over with white spots, which gradually coalesce till the nævus disappears. This it will do, without fail, in the course of one or even two years according to size. I had an illustrative case about three years since. A child about four years old had a nævus on the temple about the size of a two-shilling piece, with two or three smaller ones adjoining. It was daily becoming larger and more prominent. The liquor plumbi soon stopped its growth; in a few months, there was a very visible improvement, and for some time now all traces of it have disappeared.—*Indiana Medical Reporter.*

Antiseptic Treatment of Carbuncle.—Dr. Schueller lays open the carbuncle in the ordinary manner by a crucial incision, and then, by means of the sharp spoon, thoroughly scrapes away the diseased connective tissue underneath the flaps. After complete disinfection, an antiseptic dressing is applied and drainage established. Recovery usually follows in a few days.—*Inter. Jour. of Med. and Surgery.*

Tripolith a Substitute for Plaster of Paris.—Prof. von Langenbeck (*Medical Times and Gazette*) describes a new material for fixative dressings. Its name suggests its properties of hardness and resistance. It was discovered by Mr. B. von Schenke, of Heidelberg. Originally, it was intended for stucco and decorative purposes, for which it was said to be superior to plaster of Paris. While its mode of manufacture is not known, its chief constituents are calcium and silica, with a little of iron oxide. Tripolith bandages are employed in the same manner as those of plaster of Paris. Its advantages are: (1) Tripolith appears to absorb moisture from the atmosphere less freely than plaster, and its power of setting is not lost even after long exposure to the atmosphere. (2) Tripolith bandages are lighter, and therefore pleasanter to the patient—about 14 per cent. lighter. (3) Tripolith dressings harden more quickly than plaster. While a bandage made with the best plaster requires ten to fifteen minutes before it is quite set—and in wet weather remains soft for hours—tripolith sets completely in three to five minutes. On the other hand it gives off vapor for many hours, and even after twenty-four feels moist to the touch. (4) Once hard and dry, tripolith absorbs no more moisture. A piece of dried tripolith dressing undergoes no change when laid in water. It would be possible, therefore, to allow a patient to bathe in his tripolith dressing, provided means were taken to prevent the water getting up inside it by means of an India rubber covering; while as regards plaster, it is necessary to paint it with damar varnish in order to make it water-proof. (5) Tripolith is a trifle cheaper than plaster of paris.—*Detroit Lancet.*

A New Narcotic—Pitchoury Bidgery.—Pharmacologists are becoming interested in a new narcotic which has hitherto been known only to the natives of Queensland, by whom it is termed "Pitchoury Bidgery." The plant belongs to the natural order of Solanaceæ, and is indigenous to South Australia. It grows to the height of three or four inches, and bears wax colored flowers with roseate, bell-shaped spots. In the month of August, while the plant is in bloom, the leaves are gathered, dried with steam heat and sent in sacks to market. They are then pressed, similar to plug chewing tobacco, and on being chewed produce a feeling of complete indifference to physical pain or fatigue. In small doses they possess stimulative action; when used moderately they allay hunger and thirst, so that like coca leaves they lessen tissue waste and may be used as an aid to enable persons in enduring excessive exposure or fatigue, there being but a small or limited amount of food taken.—*Monthly Review of Pharmacy.*

Despotism in Lunatic Asylums is the title of an article by Mr. Dorman B. Eaton, in the *North American Review* for March. He characterizes the American system of asylum management as follows: "A deceptive and vicious system, adroitly and ably administered, has lulled and misled public opinion; screening abuses by secrecy, shutting out light by arbitrary methods, defying exposure and change by the exercise of a despotic authority which ought never to have been conferred upon the managers of asylums." He suggests remedies for these abuses, drawn from a study of asylum management in Europe.—*N. Y. Med. Rec.*

Diphtheria.—Dr. Knox (in *Peoria Medical Monthly*,) says: Clinical experience proves that diphtheria begins either as a *local* or *general* disease. As a local disease, it originates in the fauces and disappears without systemic contamination, or if blood poisoning occur, it is from the local affection.

As a general disease, blood contamination exists before the formation of the pseudo-membrane, and before much faucial inflammation occurs.

Diphtheria also occurs as a secondary affection, especially engrafting itself upon scarlet fever and measles.

The blood poisoning leaves an anæmia from which recovery is slow. Not only is there deficiency of the red corpuscle, but the vital current seems vitiated. Another sequela is paralysis, which usually occurs fourteen or eighteen days after the subsidence of the disease. The most frequent is paralysis of the muscles of the pharynx, next of the extremities; last of the trunk, muscles of respiration and heart. The former generally disappears in from one to four months, the latter are fatal.

The Organisms in Abdominal Typhus.—Eberth examined the affected intestines, mesenteric glands, liver and other organs, in twenty-three cases of ileo typhus for micro-organisms, but specially preparations in alcohol. The sections were treated with acetic acid. In twelve cases, between the eleventh and thirteenth day of sickness, numerous conglomerated heaps of bacillii were discovered. The isolated staffs were four times longer than broad, about one-half as long as the diameter of the red blood-corpuscles, they were rounded threads and the contours were pale. In the second and third week they were most numerous. They are distinguished from the bacillii (from decomposition) occurring in the typhus ulcers, by their more delicate contours, and by their assuming a more intense color when treated with methyl violet and Bismarck brown.

It is very probable, therefore, that these staffs may be considered as typical typhus bacillii.

In eleven cases, between the thirteenth and fifty-sixth day of sickness, these staffs were not found.—C. J. Eberth, Zerich, Virchow's Archiv. Bd. lxxxi, p. 58.—*Clinical Record.*

Ergot.—Dr. Keating—*Med. Record*—"records a case wherein a patient was poisoned by half an ounce of fluid extract of ergot, in divided doses. He says: Ergot is a powerful and dangerous drug."

At a recent meeting of the Academie des Sciences, M. Boirsarie read an article on the inconvenience and dangers of ergotin, "when given in *continuous doses* for a considerable period, *even when these are small*, ergotine accumulates in the economy, and may suddenly give rise to ergotism. He gave, also, the history of a case of *spontaneous gangrene* of the *lungs from ergotism.*"—*Phil. Med. Times and Therap. Gazette.*

Dr. Wm. Commons—"Ergot, its uses and abuses," says: When given in larger doses Ergot may cause death by spaemodic contraction of the heart, from its specific action upon muscular structure."—*Indiana Medical Reporter.*

Hemorrhoids.—Dr. Blackwood (Trans. Amer. Med. Ass.) says: During the last twenty years my experience has been large, and my deductions are based entirely upon practical results, not upon theory. I am convinced that the subject does not receive the attention it deserves, and with a desire to attract more attention to it, and to summarize in closing, the following points are suggested:—

1. Hemorrhoids may be arrested by proper attention to diet, and to a normal daily evacuation of the bowel.

2. Hemorrhoids, being present, may be generally kept in check, frequently greatly relieved, and sometimes cured entirely, by the means used to prevent them.

3. Hemorrhoids becomming troublesome, despite medical treatment, should be removed surgically without delay.

4. Hemorrhoids may be quickly, surely, and safely removed by the preferable operation of injection by carbolic acid.

A Powerful Antiseptic. — The president of Pharmaceutical Society, of Liverpool. exhibited last week a sample of eugenol, which had been placed in his hands on the previous day. He said it had recently been noticed as a very energetic antiseptic, and it was also said to be a remedy for toothache. Both these properties could be readily understood, as oil of cloves, from which it was obtained, as well as oil of peppermint, had long been used to prevent ink, starch, paste, etc., from becoming mouldy. The oils had also been long regarded as remedies for toothache. It was also known as eugenic or carpopyllic acid, having a formula C_{10} H_{12} O_2 and forming salts with bases. He said, it would be interesting to determine its rotatory power as compared with oil of cloves, which he would do before the next meeting.—*British Medical Journal.*

Notes on the Treatment of Diphtheria —In 150 patients suffering with diphtheria, v. C. has lost no case since he has used liq. ferri sesquichlor. locally and internally. Mixed with equal quantities of water, it is painted (a pencil of lint) over the bleeding mucous membrane subsequent to the removal of the pseudo-membranes. Injections of a weaker solution, 1 : 3 aq., are made into the nostrils; internally, the proportion of 10 to 20 drops in 200 of water; a teaspoonful every fifteen minutes. This treatment is continued until no membranes show themselves. It seems as if the most of C.'s patients had passed the age of childhood (42 cases from the school of cavalry in St. Petersburg). He has treated no children under two years of age.—A. v. Collan, St. Petersburger *Med. Wochenschrift*, 1880.—*Clinical Record.*

Delirium in Acute Rheumatism from Salicylate of Soda. —In four cases recently reported in British Medical Journal of January 29, salicylate of soda was administered in twenty-grain doses every three hours, with the apparent result of producing delirium. The delirium was of depressing type, and the idea of persecution entered into it in most of the cases. The delirium promptly disappeared on the salicylate being stopped.—*Ibid.*

A New Method of Inhalation.—Dr. Feldbausch, Straussburg, (*Int. Jour. of Med. and Surg.* Vol. I, No. 2; *Berlin Klin, Wochenschr.*, No. 47, 1880,) has invented a very convenient apparatus for giving permanent inhalation of volatile substances in treating the various affections of the respiratory tract, as well as for a prophylactic against infectious diseases, etc. It consists of a pair of capsules made to fit the anterior nares, and is nearly or quite invisible when introduced. It contains a piece of flannel or blotting paper on the inner surface of each tube, which is saturated with the therapeutic agent. The carbolic inhalation is the doctor's favorite, which he recommends especially in phthisis, (not only as a disinfectant, but to relieve cough,) and in acute catarrhs.—*Detroit Lancet.*

To Terminate the Chloroform Narcosis.—A peculiar device is mentioned by Schirmer in the February number of the *Centralblatt f. Augendeilkunde.* He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery, for instance in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia.—*Chicago Medical Review.*

The Treatment of Asthma.—I wish to draw attention to a method of treatment of asthma, described by Dr. R. B. Faulkner, in the New York *Medical Record* for September 25th. His plan is to paint a strip of iodine over the course of the pneumogastric nerves in the neck. He gives three cases of pure spasmodic asthma, which were relieved of their attacks by this means, after having resisted every other remedy of which he could think.—*Boston Medical Journal.*

Resection of Rectum.—It is said that Koeberle has recently resected the rectum in four cases of rectal cancer, resulting in recovery without relapse, and in another case where the intestine was strangulated he resected two yards of the intestines and united the edges of the intestine left with a ligature. The operation was followed by recovery in a month.

THE last use of phosphorus is to prevent infant deformities. A lady in England, who had given birth to three children in succession with club feet and other deformities, took phosphorus during her fourth and subsequent gestations, and bore well-formed children.—*Pac. Med. and Surg. Journal.*

THE question has been raised in England, whether when a working man is isolated because of contagious disease in his family, compensation from public funds should be allowed him for the loss of his labor. It is argued that the subject should be referred to a sanitary authority, with power to grant relief in such cases.

SCIENTIFIC ITEMS.

Recent Progress in Photography.—Some two years ago the whole photographic world was startled by the announcement that Mr. C. Bennet could obtain pictures in the camera in but a fraction of the time necessary with any process extant up to that time, and he demonstrated the fact to the satisfaction of every one. The process he used was founded on that of Dr. Maddox, and consisted of bromide of silver in a state of minute subdivision held in suspension in a viscous solution of gelatine. The rapidity was gained by keeping the gelatine containing the suspended matter in a liquid condition for several days.

In the recent photographic exhibition in Pall Mall we saw examples of the rapidity of which the gelatine process is capable. A train going 60 miles an hour was fairly expressed on the photographic plate, there being a sharpness of image which was truly marvelous. The 1-150th part of a second is a short interval of time, yet in such a time the picture was taken. Again, one of the pictorial series of interest of the year was a series of views on the river Thames by Mr. Mayland. The silent highway is sparkling with motion, shipping and steamers at full speed being rendered sharply and clearly—in fact, the idea of motion is conveyed by the foaming tracks and curling waves which they make in their passage.

Drawing-room photography by amateurs now becomes a possibility and a practicability which before it was not, and in one remarkable picture of the year we have a dark interior of a room, and a portrait of a charming model secured on one plate in 25 seconds of time. In the old days such a combination would have been impossible, except by printing from two or more negatives. Mr. H. P. Robinson, whose artistic work is so well known and so greatly admired, has thus scored a success in adapting the process to his peculiar style of pictures. In science, however, the rapid plates have proved of more than yeoman service.

One of the most marvelous feats, however, of photography is the portrayal of the motion of trotting, cantering, and galloping horses by Mr. Muybridge, in America, in which he shows changes in the position of every limb during minute fractions of a second, and this settles certain points which have exercised the minds of certain eminent physiologists.

If we quit the more rapid process and come once more back to the old collodion process, we find that it has also done good service in scientific research. In the Bakerian Lecture of the Royal Society for the past year, Captain Abney has shown how the sensitive compound bromide of silver can be so modified as to cause radiations of very low wave-length to impress themselves on the photographic plate, and in a map he gives the Fraunhofer lines which exist in the solar spectrum far down below the visible red rays of the spectrum. In the prints as usually supplied, the images, which are built up of minute particles of silver, gradually fade and become worthless.—*London Times.*

Man in America.—Prof. Flower, in a recent lecture on the "Anatomy of Man," before the Royal College of Surgeons, London, discussed at some length the question of his origin on the American continent. Till recently, opinions on the early peopling of America had been divided between the views that the inhabitants of this continent were a distinct indigenous people, and therefore not related to those of any other land; and that they were descended from an Asiatic people who, in comparatively recent times, passed into America by the way of Behring Strait, and thence spread gradually over the whole continent.

These theories have had to undergo considerable modifications, in consequence of the discovery of the great antiquity of the human race in America, as well as in the Old World. The proof of this antiquity rests upon the high and independent state of civilization which had been attained by the Mexicans and Peruvians at the time of the Spanish conquest, and the evidence that that civilization had been preceded by several other stages of culture, following in succession through a great stretch of time.

The antiquity of this quasi-historical period is, however, entirely thrown into the shade by the evidence now accumulating from various parts of North and South America, that man existed on the Western Continent, and under much the same conditions of life, using precisely similar weapons and tools, as in Europe during the Pleistocene or Quarternary period, and even perhaps farther back in time. Recent paleontological investigations show that an immense number of forms of terrestrial animals, that were formerly supposed to be peculiar to the Old World, are abundant in the New.

Taking all circumstances into consideration, it is quite as likely that Asiatic man may have been derived from America as the reverse, or both may have had their source in a common center, in some region of the earth now covered with sea.—*Pop. Science Monthly.*

Germs of Disease in Water.—Prof. Huxley, in a recent discussion of a paper by Dr. Tidy on water for dietetic purposes, said that diseases caused by what people not wisely call germs are produced invariably by bodies of the nature of bacteria. These bodies could be cultivated through twenty or thirty generations, and then, when given under the requisite conditions, would invariably cause their characteristic disease.

They can be sown and will thrive in Pasteur's solution, just as cress or mustard in the soil; and, if a drop of this solution were placed in a gallon of water, Prof. Roscoe thinks it doubtful if there is any known method by which its constituents could be estimated. One drop of it would be capable of exciting a putrefactive fermentation in any substance capable of undergoing that fermentation. The human body may be considered as such a substance, and we may conceive of a water containing such organisms which may be as pure as can be as regards chemical analysis, and yet be, as regards the human body, as deadly as prussic acid.

This is a terrible conclusion, but it is true.—*Pop. Science Monthly.*

PRACTICAL NOTES AND FORMULÆ.

Raw Meat Juice in Cases of Inanition from Irritable Stomach.—Dr. Hendree, of Alabama, writes: "A month since I was called by a school teacher, living eight miles distant, to visit his child eighteen months old, which was in a deplorable state of emaciation from a diarrhœa of three weeks duration. This was, in a measure, checked, but the irritation had extended to the stomach, and no nourishment, not even a teaspoonful of water could be retained. Enemata of beef tea and milk had been unsuccessful, and the father stated that unless soon relieved his child would starve to death.

An impending obstetrical case prevented me from leaving home, and knowing that Valentine's raw meat juice had been successfully used in a number of hospitals, I gave him a bottle with explicit directions, promising to go next day if desired.

Heard nothing farther, until a month later I was called by Mr. Young to his little girl of three years, dreadfully burnt by her clothes taking fire in the absence of the mother, the previous day. The father stated in a note that the child called constantly for drink and nourishment but could retain nothing whatever.

"I found an excoriating burn from the knees to the chin, including thighs, genitals, abdomen, entire front of throat, arms, hands, not neck and chin; all denuded of cuticle; the pulse indicated much depression and, after soothing dressing I left a bottle of meat juice which was retained and relished from the first.

At a second visit, some days later, I found the child recovering, and as the family of the patient first alluded to lived on the next farm, I called on my way home. The mother brought the child out perfectly well, running about, and stated that the meat essence was the first thing retained; had all been used, and she believed had saved the child's life."

For the Anemia of Chlorosis.—

℞ Ferri vini amari..... ℥ vijss.
Tinct. nucis vomicæ..... ℥ ij.
Liq. potass. arsenit..... ℥ ij.

M. Sig. A dessertspoonful in a glassful of water just after each meal.—*Prof. T. Gaillard Thomas, M. D.*

In addition to this Dr. Thomas (regarding the indications as to remove the cause, cure the neurosis and repair the damages), advises general tonic treatment and the observance of good hygiene.—*Medical Gazette.*

Simple Continued Fever.

℞ Acid. hydrobrom..... ℥ j.
Syr. simplicis..... ℥ ij.
Aq ..... ℥ j.

M. Sig. Every hour.—*Fothergill.*

Dr. Fothergill, in speaking of the above formula, says it will probably constitute *par excellence* the fever mixture of the future. It is especially indicated where there is cerebral disturbance.—*Ibid.*

Sore Nipples.—

℞ Aquæ rosæ,
Glycerine..... aa ℥ ij.
Acidi tannici..... ℥ ij.
Ft. lotion.

Sig. Soak lint in this solution and apply to nipples.—*Dr. Baker.*

If the ulcerative process has commenced, it is advisable to stop nursing and paint the nipple with a solution of nirate of silver, 10 grs. to the ounce of distilled water.—*Ibid.*

In the Pruritus of Pregnancy.—

℞ Thymol..... gr. xv.
Vaseline..... gr. xxx.
Powdered brick clay..... ℥ iij.
Dissolve the thymol in the vaseline and rub it up with the clay.—*Professor Montrose A. Pallen, M. D.*

This is to be applied to the pruritic parts, washed off every day or two and re-applied.

Dr. Pallen's experience has been, that excepting those cases depending on trophic nervic causes, this prescription will always effect a cure. He advises its use also in herpes and similar eruptions accompanying later months of gestation.—*Ibid.*

Cystitis.—

℞ Acidi benzoici,
Sodii biboratis,..... aa gr. x.
Inf. buchu..... ℥ ij.
This amount three or four times a day.—*A. F. C. Skene, M. D.*

This may almost be called a specific in its influence in the earlier stages of cystitis, affording rapid and lasting relief. The diet should be carefully regulated, and the skin and bowels kept in active condition.—*Ibid.*

Remedy for Frost-Bite.—Nordenskjold used upon his Arctic expedition an ointment prepared as follows:

Corrosive Sublimate..... 1 gramme.
Castor Oil.....40 drops.
Oil Turpentine.....60 drops.
Collodion.....40 grammes.

—*Pharm. Zeitung fur Russland.*

Antidote for Carbolic Acid.—Sulphuric acid in moderate doses is recommended by Dr. Stanfleben, of Russia, as an antidote for carbolic acid The two acids are said to combine, and to form a non-poisonous compound. According to the Medical Herald, of Louisville, Ky., it is to be given in simple syrup and the syrup of gum-arabic. Success depends upon its early administration.—*Chicago Medical Review.*

Remedies for Spermatorrhœa.—Tincture of gelseminum (green-root) in doses of thirty drops, 3 times a day, has an excellent effect in checking nocturnal emissions.

℞ Sulphate zinc,
Pulv. rhubarb,
Extract hyoscyamus, aa 2 grains,
Extract belladonna, ½ grain.

For one pill. To be taken three times a day until the effects of the belladonna are noted, then twice daily, with:

℞ Bromide ammonium..... ℥ ss
Tinct. lupulin..... ℥ j
Camphor water..... ℥ iij.

Mix. Tablespoonful at bedtime.

Helonias dioica has proved successful in doses of 10 to 15 grains of the crude root, pulverized, 3 times a day.

Dr. Adolphus considers senecio gracilis one of the best remedies, in dose of half teaspoonful, powdered, in water, 3 times a day. Also speaks well of cannabis indica resin, dose, half a grain three times a day.

A writer in one of the English Journals states that nocturnal emissions occurring in healthy young men not addicted to self-abuse, may be entirely kept in check by drachm doses of tincture sesquichloride of iron.

The following is an old and, in many cases successful formula:

℞ Gelsemin, 8 grains,
Lupulin, 48 grains.

Mix and divide in 16 powders. Dose one at bedtime.

Aconitine 1-16 grain at bedtime, is said to have cured obstinate cases.

Dr. Mitchell used ergot satisfactorily, giving it in doses of one-half drachm to a drachm daily, of the freshly powdered drug.

In most cases, owing to the relaxed condition of the mouth of the ejaculatory ducts, injections of astringents, as alum, hamamelis, etc., will be of benefit. A suspensory bandage should also be worn, and the following rules observed:

1. Avoid all sources of sexual excitement.
2. Bathe the parts with cold water, 10 minutes night and morning.
3. Evacuate the urine before going to bed.
4. Sleep on a hard bed with light covering, lying on the right side.
5. Arise at the first awakening in the morning.
6. Avoid the use of the stimulants, tea, coffee, tobacco, and medicines or drinks of a diuretic nature.—*New York Medical and Surgical Journal.*

Remedy for Corns.—Mr. Gezow, a Rusian apothecary, recommends the following as a "sure" remedy for corns, stating that it proves effective in a short time, and without causing any pain: Salicylic acid, 30 parts; extract of cannabis indica, 5 parts; collodion, 240 parts. To be applied by means of a camel's hair pencil.—*Phar. Zeit.*

Ipecac in Dyspepsia.—Dr. Fothergill says: Ipecacuanha formed a portion of a good old-fashioned dinner pill; and betwixt its direct action upon the gastric mucous membrane, and its action upon the liver as an hepatic stimulant, it must come into use again before long. A dinner pill of—

Pul. ipecacuanhæ	gr. j.
Strychniæ	gr. 1-40.
Pulv. pip. nig	gr. ij
Pil. aloe et myrrh	gr. ijss.

Every day will often produce excellent effects. Then arsenic may be taken as three drops of Fowler's solution after dinner; or in the above pill substituting the same dose of arsenic for the strychnine.

Copaiva in Sciatica.—Dr. H. C. Marsh writes to the London Medeical Times and Gazette, of copaiva:

I wish to speak of this drug as wonderfully efficacious in sciatica. The treatment of sciatica seems to be a little indefinite. I fancy we all meet with very troublesome instances in which we administer a variety of drugs with a perseverance that deserves, but does not always command success. (After describing a most obstinate case he stated) at last I prescribed

℞	Bals. copaib	ʒ iv.
	Tr. lavand	ʒ iv.
	Tr. hyos	ʒ iij.
	Pot. bicarb	ʒ j.
	Mucilag	℥ j.
	Aquæ	ʒ vj. M.

A tablespoonful every four hours.—*Med. and Surg. Reporter.*

Gleet.—Having hit upon a remedy with which I am having good success in the treatment of this disease, I deem it my duty to place it before the readers of your valuable journal. It is the following:

℞ Zinci. Sulph. 12 grains,
Tinct. Iodine, 10 drops,
Water 8 ounces.

M. Sig. Inject four times a day.

Also—

℞ Ext. Uva Ursi fld, 3 ounces,
Ext. Pareira brav. 1 ounce,
Ext. Cascara sag. 2 ounces,
Syr. Orange peel, 2 ounces,
Water q. s. ad 8 ounces.

M. Sig. Teaspoonful three times a day before meals.

I consider this as a valuable remedy in obstinate cases.—*S. L. Blake, M. D., in Medical Brief.*

EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

Buffalo Lithia Springs.—We invite attention to the advertisement of the above celebrated Springs in this issue of our Journal.

The International Medical Congress will assemble in London on Wednesday, August 3, 1881. It is supposed that it will be the largest medical body which ever before assembled in the world.

Reed & Carnrick.—See their advertisement in this journal. Their malt combinations are excellent and exceedingly convenient to the practitioner, furnishing a variety adapted to almost every indication.

Liebig & Co.'s Coca Beef Tonic.—See the advertisements of this establishment. We previously alluded to the excellency of their preparations. The enterprising house of J. L. Berg & Co., 60 Maiden Lane, New York, are the sole agents in this country for the sale of these goods.

OFFICERS ELECT OF THE SOUTHERN MEDICAL COLLEGE

At a late meeting of the Faculty Dr. R. C. Word tendered his resignation as Dean of the Southern Medical College upon the ground that its duties in connection with his editorial and professional labors had proven too great a tax upon his health. Whereupon the Faculty passed the following complimentary resolution:

Resolved. That the thanks of the Faculty are due, and are hereby tendered to Dr. R. C. Word, Dean, for his faithful and conscientious management of the office of Dean of the College, and that we give him the plaudit of "Well done good and faithful servant."

The officers of the Faculty in this Institution are elected annually. The following are chosen for the ensuing collegiate year, ending March, 1882, viz:

THOMAS S. POWELL, President.
R. C. WORD, Vice-President.
W. P. NICOLSON, Dean.
J. J. TOON, Treasurer.

THE AMERICAN MEDICAL ASSOCIATION.

This Association meets in Richmond, Virginia, on May 3d, 1881. A full turn-out and a pleasant time is expected. The Senior Editor of this Journal contemplates being present, and anticipates much pleasure and profitable instruction in meeting with the brethren of the profession from all sections of the Union. The following are the delegates appointed to that body by the Georgia Medical Association, to-wit: Drs. Henry Gaither, Thos. S. Powell, H. F. Scott, Thos. R Wright, J. Thad Johnson, Henry F. Campbell, Wm. F. Holt, J. W. Alfriend, Robert Battey, W. J. Harrell, T. M. McIntosh, J. C. LeHardy, F. A. Sanford, W. B. Wells, A. L. Campbell, K. P. Moore, C. H. Hall, Geo. F. Cooper, W. F. Westmoreland, A. W. Griggs, DeSaussure Ford, Jno. G. Thomas, J. W. Bailey, Thos. Raines, A. G. Whitehead, J. B. Holmes, J. P. Logan, A. C. Goodrich, Chas. W. Hickman, Jno. D. Martin, W. O. Daniel.

BOOK NOTICES.

A MANUAL ON DISEASES OF THE EYE AND EAR, for the Use of Students and Practitioners, by W. F. Mittendorf, M. D., Surgeon to the New York Eye and Ear Infirmary, Ophthalmic Surgeon to Bellevue Hospital out-door department, assistant to the Chair of Ophthalmology and Otology, Bellevue Hospital Medical College. G. P. Putnam & Sons, New York, publishers, 1881.

This book, just received from its author, is a most admirable little treatise, adapted for the use of the student and practitioner, as its title indicates. The author's lectures to his private students, of which the book is made up, somewhat enlarged, were listened to with great interest and profit by the writer when a private pupil of his. Its pages are not cumbered with the treatment and surgical procedure of by-gone days, but contain only such as are in vogue at the present time. While it does not elaborately discuss the etiology and pathology of the diseases of the Eye and Ear, as much of it is given as the ordinary student of medicine or practitioner will care to study.

The painstaking manner in which it discusses treatment will recommend it as a hand-book of treatment to the general practitioner who is often called upon, especially in the country, to treat the minor diseases of the eye and ear. As a rule, the surgical methods are desirable, as they are now practiced in the New York Eye and Ear Infirmary.

This is the first treatise on the eye that describes Hotz' operation for trichiasis. The writer has often seen Dr. Mittendorf perform this little operation and with more satisfactory results than from any other he has ever witnessed for this most obstinate trouble of the upper lid.

About 70 pages are devoted to the Ear, and in the main the plan of St. John Roosa's admirable work is followed, but of course in an abridged form. The recognition of the ordinary diseases of the Eye will be facilitated by the fine illustrations taken from Sichel's Atlas, while diebreich and Wells are drawn on for some most excellent ophthalmoscopic plates of the retina. In addition to, these some plates from Politzen, representing the diseased conditions of the drum-head, will be found of great service. As the author well remarks: The importance of the study of the diseases of the Eye and Ear by every student of medicine is shown by the fact that many of the medical colleges, both of Europe and of this country have made the study of these diseases obligatory for graduation; he has, therefore, written this little book for the students' course, and for that purpose it is admirably adapted, because it is short and practical.

ARTHUR G. HOBBS, M. D. Atlanta, Ga.

A MANUAL OF DISEASES OF THE THROAT AND NOSE, By Frank Huntington Bosworth, A. M., M. D.

I have just finished reading this valuable addition to medical literature, and am so much pleased that I shall take the liberty of reviewing it In the special study of this branch of medicine I have never encountered a book that pleased me more. The style is clear, concise and to the point. While there is no want of modesty, still it is written with that decision that always comes with years of study, accompanied by large clinical experience. The author has shown the good judgment to be explicit and full when it is needed, and yet avoids all unnecessary discussion of conflicting views and opinions.

I have not the pleasure of Dr. Bosworth's acquaintance, yet from his book I should judge him to be a close student, a profound thinker, an accurate observer, and devoted to his specialty. I hope some day to have the opportunity to thank him for the pleasure and profit I have derived from his book. The chapters on instrumental examination are excellently written, and well illustrated. Those devoted to the anatomy, physiology and pathology of the mucus membranes fill a much needed want to the medical student who has not the time to cull these facts

from the pages of Virchow and other eminent writers on histology and pathology. The section on "diseases of the fauces," contains much original thought. I think the suggestion of glycerine and iron in these affections to be very valuable.

In my opinion, however, by far the best chapters of the book are those on the "Diseases of the Nasal Cavities." unless I except the chapter on "Laryngeal Catarrh." Speaking of this affection the author says, (see page 276) "A large portion of cases are due to nasal catarrh. This may be overlooked while attention is directed entirely to the larynx, hence, both by physical examination and by question eliciting the subjective symptoms, a nasal catarrh, if present, should be discovered and removed by the proper remedies. The same may be said of pharyngeal catarrh, enlarged tonsils, elongated uvula, etc. All remedies directed to the removal of the morbid condition within the larynx are of little avail so long as an exciting or aggravating cause exists to perpetuate the trouble." This is the secret of many failures in treating this affection, and is worthy of much thought and clinical investigation. The remainder of the book is well and forcibly written.

The last chapter is of interest as a history of the daring operation of extirpation of the larynx for the removal of growths malignant in character. At the close of the work is added an apendix giving the various formulæ that his experience, justifies him in recommending. In conclusion, I would recommend all who wish a complete and reliable treatise on this subject to add Dr. Bosworth's book to their library.

THOMAS F. HOUSTON, M. D., Atlanta, Ga.

THE CHEMISTRY OF MEDICINES—PRACTICAL. A Text Book for the use of Students and Pharmacists, embodying the Principles of Clinical Philosophy and their application to those Chemicals that are used in Medicine and in Pharmacy, including all those that are efficient in the Pharmacopœa of the United States, with fifty original cuts, by J. U. Lloyd, Prof. of Chimistry and Pharmacy of the city of New York, Associate Author of the Supplement to the American Dispensatory, Author of the Pharmacy and Chemistry of the Students' Pocket Medical Lexicon, Cincinnati. Published by the Author, 1881.

The author of the above work has sought to accomplish an important desideratum, the presentation, in a practical, plain and easily comprehended manner, of the medical student—giving "the theory more generally adopted by the majority of chemists of the day," avoiding unnecessary details and extremes. He remarks that "By introducing only medicinal chemicals I have been enabled to give, in most instances, quite thorough descriptions of the important ones. My laboratory and commercial experience have been drawn upon to render the work as complete and practical as possible, and my aim has likewise been to make it of interest and value to students, physicians and druggists."

The work is well gotten up in plain type, and contains 419 pages, with an ample index. It must prove a book of much practical interest and profit to the student, the physician and the druggist.

DIFFERENTIAL DIAGNOSIS: A manual of the comparative semiology of diseases, by De Howland Hall, M. D., Assistant Physician to the Westminster Hospital, London; Second American edition—extensive additions—Edited by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia. Philadelphia, D. S. Briton, 115 South Seventh Street, 1881.

This is a work of 218 large octavo pages, large plain type and excellent typographical execution. "*Hall's synopsis of the diseases of the lyrynx, lungs and heart,*" is here enlarged to cover all the leading and important discoveries. Under the two heads of *General and Local*, the whole field is plainly and yet systematically considered. The work is practical and instructive, and will furnish a useful and important addition to the library of the intelligent and progressive physician.

HERNIA, STRANGULATED AND REDUCIBLE: with cure by subcutaneous injections, together with suggested and improved methods for relotomy; also an appendix giving a short account of various new surgical instruments, by Joseph H. Warren, M. D., member of American Medical Association, and delegate to foreign countries for 1880 and 1881; member of Massachusetts Medical Society, member Oswego County Medical Society, New York; member Boston Natural Historical Society; formerly Surgical and Medical Director United States, etc., with illustrations. Boston, Charles N. Thomas, 215 Tremont St., London. Sampson Low, Manston, Searle, and Revington, 1881—oc. pp., 28.

The difficult subject of Hernia is here treated in an able and lucid manner, and the new suggestions and new instruments presented will give to the work especial interest. The practitioner, and especially the surgeon, will find it a most useful and valuable addition to the medical library.

THE HEART AND ITS FUNCTIONS. New York, D. Appleton & Co., 1881. Price 50 cts.

This is one of the series of Health Primers prepared by eminent medical and scientific men of London. The present one is a work of 64 pages—very instructive and interesting.

RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1880—Drs J E Pope, W M Garrard, L P Hamner, Thos A Cook, W A Cusick, D S Williams, C N Howard, 1870-R B Stapleton. 1879, '80.-R W Rea.

1881—Drs R L Seale, L S Brownlee, M V Miller, T E Morris, T C Davis, Jno Hardman, E F Sumerall, O M Doyle, James Ray. J A Siddons, C W Keller, T P Davis, J J Groover, T F Houston. D R Fox, H E Hurst, Jno Lee, J B Fonville, J R Muse.

SPECIAL NOTICES.

PARKE, DAVIS & CO., Detroit, Mich.—The SUGAR-COATED PILLS of the above extensive establishment we have found to be of excellent quality, and are put up in a neat and elegant style. We may say the same of their CAPSULES and GELATINE-COATED PILLS. These beautiful preparations are most convenient for the practitioner, relieving him of the trouble of preparing his medicines and furnishing him everything to hand in a shape suited to every emergency, and most agreeable and acceptable to the patient.

WILLIAM R. WARNER & CO., Philadelphia, are furnishing the Profession with pure chemicals and a great variety of Preparations of most reliable and excellent quality. Their SUGAR-COATED PILLS have an established reputation for solubility and purity. Their PARVULES, in the matter of neatness, beauty, variety and convenience of administration, are unsurpassed, and are among the excellences which characterize the advanced condition of drug manufacture of the present age.

The advertisement of the now celebrated SADDLE BAG, **ELLIOTT'S PATENT**, appears in this issue of our Journal. It is owned and manufactured by A. A. Mellier, of St. Louis, whose house has been established for 25 years, and is among the leading Wholesale Drug establishments of the country. He obtained the patent right of this BAG four years ago, and showing its merits to the United States government, it was adopted and 300 were immediately ordered, and are now in active use; a very clear evidence of superiority.

BUFFALO LITHIA SPRINGS.—These waters well deserve the attention of the profession, especially in the treatment of Kidney disorders. In many instances when the usual remedies fail to reach the case the physician would do but justice to his patient to advise him to test these wonderful waters, which have attained a deservedly wide reputation in a class of diseases which unfortunately are seldom relieved by the ordinary methods of treatment.